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September 25, 2008

Hope Developmental Center
Administrator, Jeanne Weber
3110 Cleveland Blvd, Ste B7
Caldwell, ID 86605-0721

Dear Ms. Weber,

Thank you for submitting the Hope Developmental Center Plan of Correction dated September 24, 2008. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued Hope Developmental Center a 6 month certificate effective from 7/28/2008 through 1/28/2008.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that your Plan of Correction has been met. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction. All supporting documentation must be submitted no later than October 27, 2008. You may submit supporting documentation as follows:

Fax to: 364-1811, Attention Rebecca Fadness
Email to: fadnessr@dhw.idaho.gov
Mail to: DD Survey and Certification Unit, Attn Rebecca Fadness
Division of Medicaid
P.O. Box 83720
Boise, ID 83720-0036
Or deliver to: Medicaid Office, 3232 Elder St., Boise

You can reach me if you have any questions at 364-1906.

Thank you for your patience and accommodating us through the survey process.

Rebecca Fadness
Program Supervisor
DDA/RH Survey and Certification

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DDA AGENCY COMPLIANCE REVIEW

AGENCY NAME: HOPE DEVELOPMENTAL CENTER

REVIEW DATE(s): 7/7/2008-7/10/2008

NOTE: This document contains a listing of findings made by the survey team. The summary of survey findings is based on the survey team's professional knowledge and interpretation of IDAPA requirements. In the Column, "Agency's Plan for Compliance", the statement should reflect the agency's plan for compliance action and anticipated time for plan to be implemented.

REVIEW TEAM MEMBERS: Rebecca Fadness, Program Supervisor; Cyndy Jonsson, Clinician; Greg Miles, Medical Program Specialist

SURVEY FINDINGS

Therapy Observation Notes:

Participant # 6 was observed at Karcher Mall. There were 2 programs; one for getting her attention and modeling an action the trainer is targeting and one for her to follow the instructions from staff to assist her in pedestrian safety. It was difficult to determine her abilities to master the skills. She is legally blind and has very noticeable nystagmus. It appears she has difficulty responding to the trainer when they are trying to get her attention. She is deaf, so that also contributes to difficulty in getting her attention. Participant # 6 is 47 yoa and has attended various schools during all of her childhood and adolescence. Given her limitations and many years of schooling, she may be at her highest level of independence.

Participant # 7 was observed at Karcher Mall. He is diagnosed as Severe MR, CP and autism. His 2 programs were to not lag behind the trainer or the group, and to not get ahead of the trainer or the group. He appears to be making some progress in terms of responding to the trainer's prompts. There is some question as to whether when he stops and looks at something, is he curious and learning something, or is he responding to the symptoms of his diagnosis.

Participant # 8 was observed in 3 programs at the center. All had to do with eye contact or eye point. One eye contact program was being delivered during peri-care. There was no skill training observed in any of the programs that would promote the participant's independence. There was no evidence that these programs were a need for the participant.

Center -One group was observed where 7 people were gathered around one side of two tables. The group leader had a chair that was on wheels and it appeared he was going from one or two people and then onto the next. Four people were observed not receiving any therapy for 10 or 15 minutes. Two were looking around, a third person put some Legos on a table and the fourth person watched and they talked. As the trainer appeared to be attending to one or two people at a time, the others did not receive and therapeutic interventions. One participant was observed sorting poker type chips.

Participant # 4 was observed in the Hope DDA center. She was working on matching cards that were initially laid out by the staff. She worked on this task several different times and appeared to have the task mastered. Staff verbally reinforced her after each completed sequence. Activity did not appear functional or relevant. Of note was that staff interaction only occurred after each time she had 'completed' the task which thereby left out any intervention/training opportunity.



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Deficiencies:	Agency's Plan for Compliance:
<p>16.04.11.415. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF.</p> <p>b. Each agency employee providing services to participants must be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter.</p> <p>FINDINGS: Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents <u>lacked evidence as follows:</u></p> <ul style="list-style-type: none"> 2 of 4 staff sampled did not have a current CPR certificate. 	<p>1. What corrective action(s) will be taken? I reviewed the personnel files for every staff member; only one was missing a CPR/First Aid training certificate and that was for a staff who was hired less than 90 days ago, and he has since attended CPR/First Aid training. (I think the problem is that the back of the certificate cards were not photocopied into the file records, which shows the legend of what training was given: First Aid and CPR.)</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? New staff hires provide CPR/First Aid documentation when hired, if available; a copy is made and placed in staff personnel file. If new staff does not have current CPR/First Aid, Executive Director makes arrangements for staff to receive training from a local company. Executive Director maintains a calendar of expiration dates for all staff CPR/First Aid training and arranges for recertification training as needed.</p> <p>3. Who will be responsible for implementing each corrective action? Executive Director</p> <p>4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Executive Director will present personnel files report at management meeting annually.</p> <p>5. Dates for when the corrective action will be completed? All staff had a current CPR/First Aid certificate as of 7/10/08.</p>
<p>16.04.11.600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA.</p> <p>d. Identify the participant's current and <u>relevant</u> strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-06).</p> <p>FINDINGS: Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents <u>lacked evidence as follows:</u></p> <ul style="list-style-type: none"> The Comprehensive Developmental Assessment does not identify participant's current and relevant strengths, needs, and interests applicable to Developmental Therapy treatment, which is the respective discipline for this assessment. Only deficits were listed with no clear necessity. Interests were not relevant to the participants interests in developmental therapy. 	<p>1. What corrective action(s) will be taken? Comprehensive developmental assessments will be revised in regard to identifying current and relevant strengths, needs, and interests applicable to DT.</p> <p>Participant #2—since the survey team felt every current program for this participant is irrelevant, nonfunctional, or not supported by the qualified professional, starting immediately (7/10/09) we are billing only authorized ADC hours until we receive evaluation reports with DT recommendations from OT and speech professionals, both for specific communication or mobility programs but also for the communication and mobility components affecting participant's completion of other programs due to participant's very severe physical disabilities.</p> <p>Participant #8—the addendum process will be initiated to modify goals and training hours to address the deficiencies.</p> <p>Participant #1—HDC requested and received a copy of most current hearing assessment for participant (2/28/08, Elks Rehab Hospital);</p>



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- Participant #2 had programming that did not appear relevant or functional for the participant, and was not clearly addressed as a need on the assessment.
- Participant #8 has a program to hold large shapes for 10 seconds. There is no assessment that this is a skill that is relevant for her in order for her to become more independent. There is also no PT or OT assessment to determine if she has needs for either of those types of therapies and no recommendation from PT or OT that would relate to Developmental Therapy which is for skill acquisition and promotes independence.
- Participant #8 has a two other programs. They have to do with "eye point" and eye contact while she is receiving peri-care. Eye contact during personal care is not typically a skill that is necessary during those procedures and therefore, must be acquired. The eye-point program is to eye point pictures of her 2 providers. There needs to be an assessment that this is a relevant need and a necessary skill to be acquired to increase independence. If there are skill programs related to increase independence for the participant in using eye point to communicate, there should be an assessment by a qualified professional such as an SLP.
- Participant #1 has programs related to her voice volume. She is hearing impaired. There is no hearing assessment by a qualified audiologist to assess her ability to monitor her voice volume and to make treatment recommendations. There is no indication that she has the ability to succeed at her programs at an independent level. She may have already reached her highest level of independence.

REPEAT DEFICIENCY FROM COMPLIANCE REVIEW DATED 7/17/07.

16.04.11.600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA.

e. For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs. (7-1-06).

FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents **lacked evidence as follows:**

process is initiated to obtain a speech evaluation. When this evaluation is completed, participant's programs will be modified accordingly.

2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken?

DS will review the current evaluations in participant files for the deficient areas and will correct our evaluations, complete needed skill assessments, take steps to procure other needed professional evaluations, and modify DT programs accordingly.

3. Who will be responsible for implementing each corrective action?
Developmental Specialist

4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? DS will submit completed assessments and program plans to Program Director for review and correction.

5. Dates for when the corrective action will be completed?

October 27, 2008 for sample participants; January 9, 2009 for other participants.

1. What corrective action(s) will be taken?

The developmental assessments will be revised to include the type/amount of developmental therapy necessary to address the participant's needs.

2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken?

DS will review all the participants' developmental assessments and add this component if needed.

3. Who will be responsible for implementing each corrective action?
Developmental Specialist

4. How the corrective action(s) will be monitored to ensure consistent



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<ul style="list-style-type: none"> Developmental assessments did not specify the type and amount of therapy necessary to address the participant's needs. <p>REPEAT DEFICIENCY FROM COMPLIANCE REVIEW DATED 7/17/07.</p>	<p>compliance with IDAPA Rules? DS will submit updated developmental assessment to the Program Director for review/correction by participant's redet date.</p> <p>5. Dates for when the corrective action will be completed? October 27, 2008 for sample participants; January 9, 2009 for other participants.</p>
<p>16.04.11.600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06)</p> <p>01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06)</p> <ol style="list-style-type: none"> Determine the necessity of the service; (7-1-06) Determine the participant's needs; (7-1-06) Guide treatment; (7-1-06) <p>FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents <u>lacked evidence as follows:</u></p> <ul style="list-style-type: none"> For Participant # 4, several areas of the developmental assessment were not assessed "due to behavior issues", however at least one formal program was instituted from one of those section not evaluated (program 3b—assessment area Writing Skills and program 5a—assessment area Object Concepts). Participant 6 has a program for pedestrian safety to follow the signed instruction on the first trial. She should follow the signed instruction and "take the lead" in stepping up, down, wait, go, etc. Her goal is for 90% for 3 months. A review of her many years of schooling and training may indicate that she is at her highest level of independence. There is no evidence that there is a need of her to participate in this program. It appears unlikely that she will ever be out on streets or in parking lots walking without the assistance of others. Participant 1 – program 01- lunch program. Assessment indicates functional and relevant skills in all areas regarding eating. The objective to behave in the context of how things are done at HCD will not lead to increased independence in the community or home. It does not promote inclusion in the community. There is no assessed need for this program. Program 07 – increase money skills. Assessment states she is able to purchase for herself and buy gifts for others. There is no indication that she needs to 	<p>1. What corrective action(s) will be taken? Participant #4—participant has been at HDC for a little over a year now and behavior issues have greatly improved so assessment can be completed now whereas when participant started it was difficult to get a good picture of participant's overall development and specific need areas; participant's developmental assessment will be appropriately updated. Participant #6—The "take the lead" written into this program may be a little misleading. The issue is participant's extreme cue-dependence and the training step is for participant to respond to a signed cue rather than be dependent on a physical cue, leading to increased independence in community access. We will re-consult with participant's psychologist to get specific guidance regarding the extreme cue-dependence and rewrite program accordingly. Participant #1—lunch program discontinued; other cited programs will be reassessed for need.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? In the developmental assessment narrative, specific deficits (participant's needs) will be identified as needs (necessity of the service) that should be addressed with developmental therapy (guide treatment).</p> <p>3. Who will be responsible for implementing each corrective action? Developmental Specialist</p> <p>4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Developmental Specialist will submit completed assessment and objectives derived from it to the Program Director for review/correction by participants' redet dates.</p> <p>5. Dates for when the corrective action will be completed? October 27, 2008 for sample participants; January 9, 2009 for other participants.</p>



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purchase things that require her to make purchases up to \$25.00. There is no assessment that reflects a necessity for this program or a relevant need to continue this program. Program 08 – locating signs in stores to identify various departments. There is no assessment that this program is necessary or reflects a relevant need. The program is being run in a variety of stores without any assessment that these are stores she routinely makes purchases in and is unable to navigate. Program 09 – reading price tags. No assessed need for this program as written. She is reading price tags in the center and the community for things she is not going to purchase. Assessment indicates she is able to make purchases for herself and gifts for others. Program 10 – objective is to correctly state "yes or no" if it is safe to cross the street. There is no assessment indicating she puts herself at risk. There is no information that she will be crossing streets by herself or that there is a relevant need for this program. Program 13 – there is no assessment to determine a relevant and current need or for how this program would increase independence for this participant. It is evident that the assessment is not being used to guide treatment.

REPEAT DEFICIENCY FROM COMPLIANCE REVIEW DATED 7/17/07.

16.04.11.601.GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS.

03. Psychological Assessment. A current psychological assessment must be completed or obtained:

e. When a participant has been diagnosed with mental illness;

16.04.11. 703.PROGRAM IMPLEMENTATION PLAN REQUIREMENTS

07. Results of the Psychological or Psychiatric Assessment. When a participant has had a psychological or psychiatric assessment, the results of the psychological or psychiatric assessment must be used when developing objectives to assure therapies provided in the DDA accommodate the participant's mental health needs and to assure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status.

FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents lacked evidence as follows:

- Participant #1 has two Mental Health diagnoses. There is no

1. What corrective action(s) will be taken? The cited participant is in process of getting a psychological assessment relating to her mental health issues
2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? Other participants have gotten psychological assessments as included on their ISPs; where these participants have a psychiatric diagnosis, the assessment update will be arranged to focus on the psychiatric diagnostic interview.
3. Who will be responsible for implementing each corrective action? Program Director will arrange psychological assessments.
4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Record review before the participant's annual redetermination staffing.
5. October 27, 2008 for sample participant; other participants will be scheduled for appropriate updates on schedule with their ISPs—this is because they have had a psychological assessment or update already in their current treatment year.



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evidence of a type of psychological assessment to provide the agency information about the participant's mental health status and mental health needs to assure the implementation plans do not include anything that is impaired due to her mental health and would be contra-indicated when delivering DT and noting progress or lack of progress.

REPEAT DEFICIENCY FROM COMPLIANCE REVIEW DATED 7/17/07

16.04.11. 604. TYPES OF COMPREHENSIVE ASSESSMENTS.

03. Occupational Therapy Assessment. Occupational therapy assessments must be conducted by an occupational therapist qualified under Section 420 of these rules and include gross and fine motor abilities, and recommendation of therapy necessary to address the participant's needs. (7-1-06)

04. Physical Therapy Assessment. Physical therapy assessments must be conducted by a physical therapist qualified under Section 420 of these rules and include gross and fine motor abilities, and recommendation of therapy necessary to address the participant's needs.

05. Speech and Language Assessment. Speech and language assessments must be conducted by a Speech-Language Pathologist who is qualified under Section 420 of these rules.

08. Hearing Assessment. A hearing assessment must be conducted by an audiologist who is qualified under Section 420 of these rules.

16.04.11.600.COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06)

01. Comprehensive Assessments. A comprehensive assessment must:

- Determine the necessity of the service; (7-1-06)
- Determine the participant's needs; (7-1-06)
- Guide treatment; (7-1-06)
- Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline;

FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents **lacked evidence as follows:**

- Participant # 1 has programs to address mobility issues and communication issues related to hearing without assessments conducted by qualified professionals to determine the necessity of programs, determine the current and relevant needs and guide the

1. What corrective action(s) will be taken?

Participant #1—mobility goals are not on current ISP or part of current training objectives so no need for mobility evaluation; communication issues: current hearing evaluation is on file and speech evaluation will be scheduled.

Participant #2—appropriate evaluations are scheduled and training programs will be added accordingly when we receive the reports.

Participant #5—appropriate evaluation will be scheduled and training programs modified accordingly when we receive the report.

2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? Participants with mobility goals or communication goals will be reassessed for needs and updated developmental evaluation narratives will reflect this; evaluations from other professionals will be obtained as applicable.

3. Who will be responsible for implementing each corrective action? Developmental Specialist and Program Director

4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Developmental Specialist will submit completed assessments and objectives derived from it to the Program Director for review/correction by participants' redet dates.

5. Dates for when the corrective action will be completed? October 27, 2008 for sample participants; January 9, 2009 for other participants.

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<p>treatment. The assessments and recommendations will reflect best practice responses to her needs. DDA's are required to have these professionals in place to facilitate multi-disciplinary treatment planning.</p> <ul style="list-style-type: none"> Participant #2 has programs to address motor skills (see objective 3D) and communication skills (pointing with eyes) without an assessment from a qualified professional in the respective discipline. Participant #5 has a conversation program without an assessment from SLP. <p>REPEAT FROM COMPLIANCE REVIEW DATED 7/17/07.</p>	
<p>16.04.11.705. RECORD REQUIREMENTS. f. When assessments are completed or obtained by the agency, the participant's record must include assessment results, test scores when applicable, and <u>narrative reports</u>, signed with credentials and dated by the respective evaluators. (7-1-06).</p> <p>FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents <u>lacked evidence as follows:</u></p> <ul style="list-style-type: none"> For 5 of 5 participant files reviewed, the comprehensive developmental assessment did not contain narrative report summarizing the developmental status of the participants with regards to the current and relevant strengths needs and interests to guide treatment. 	<ol style="list-style-type: none"> 1. What corrective action(s) will be taken? Developmental assessments will be revised to include a narrative portion. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? All developmental assessments will be revised to include a narrative portion. 3. Who will be responsible for implementing each corrective action? Developmental Specialist. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Developmental Specialist will submit completed developmental assessment to the Program Director for review/correction by participants' redet dates. 5. Dates for when the corrective action will be completed? October 27, 2008 for sample participants; January 9, 2009 for other participants.
<p>16.04.11. 703.PROGRAM IMPLEMENTATION PLAN REQUIREMENTS.</p> <p>04. Written Instructions to Staff. These instructions may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote <u>participant progress</u> toward the stated objective.</p> <p>16.04.010.14 Developmental Therapy. Developmental therapy is the use of therapeutic intervention and positive behavioral techniques that result in <u>measurable skill acquisition</u> or prevent regression where documentation shows that regression is anticipated in the following areas:</p> <p>a. Self-care; b. Receptive and expressive language; c. Learning; d. Mobility e. Self-direction; f. Capacity for independent living; and g. Economic self-sufficiency.</p>	<ol style="list-style-type: none"> 1. What corrective action(s) will be taken? Participants #3 and #4—the cited objectives dealing with behavior will be re-stated/programs rewritten to increase the alternative behavior. Participant #6—participant has one program where the objective is to train her to follow a modeled instruction (C08). The program instructions state: "At the community resource, where participant does not have the signing vocabulary sufficient to understand needed directions, it is helpful for participant to learn to imitate a modeled direction. Some examples to access different community resources include put coins in a vending machine, drink from a drinking fountain, push a grocery cart, and so forth." The reasoning is this: participant does have a limited signing vocabulary, notwithstanding that participant has improved considerably in signing use and vocabulary in the past few years, however, participant is still quite limited in signing. Therefore, for specific tasks which aren't/probably won't be done often enough for participant to remember the sign, participant

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<p>FINDING: Based upon record review, the agency is not in compliance. The findings included:</p> <ul style="list-style-type: none"> • Program Implementation Plans are written to "decrease" a behavior, rather than interventions and positive behavioral techniques that result in measurable skill acquisition. Instructions do not promote participant progress. • Participants # 3 and # 4 have programs to decrease a behavior. Intervention is based on observation and cue by staff with no appropriate behavior or skills program. • When a participant's success is determined by the staff's ability to notice a behavior and cue, the appropriate behavior is not generalized to other environments to promote independence. • Participant #6 written instructions are for the trainer to model the action that participant is supposed to imitate, and then sign "You" to indicate 'now you do it'. Signing is a prompt that may always be appropriate as opposed to training participant to always imitate people's behaviors. There is no evidence that imitation is more independent for the participant than responding to a signed cue. 	<p>learning to model an action as opposed to staff providing physical assistance or just doing it for participant promotes 1) participant's community inclusion and 2) more independent community inclusion.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? We will undertake to review/revise as required all program implementation plans.</p> <p>3. Who will be responsible for implementing each corrective action? Developmental Specialist.</p> <p>4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Developmental Specialist will submit completed assessments and training objectives to the Program Director for review/correction by participants' redet dates, , and program implementation plans when implemented (two weeks of start of tx year).</p> <p>5. Dates for when the corrective action will be completed? October 27, 2008 for sample participants; January 9, 2009 for other participants.</p>
<p>16.04.11.703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS.</p> <p>02. Baseline Statement. A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. (7-1-06).</p> <p>FINDINGS: Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents <u>lacked evidence as follows:</u></p> <ul style="list-style-type: none"> • Many Program Implementation Plans did not contain a baseline statement or the baseline statement reflected 0%. Participant # 4 - 3b, 5a, 7a. Participant # 3 - 4e, 3D, 4E, 6F. Participant 5- 8B, 5A, 7C. • Participant #6 was observed in the community. Program C 08 baseline was at 0% for following a modeled instruction. Baseline did not address participant's current abilities. Objective is set at 90% with no indication in baseline that 90% is achievable by the target date. • Participant #5 Objective 4A- baseline states participant shows improvement with average of 68%. This does not indicate participants actual skills and abilities related to the task. 	<p>1. What corrective action(s) will be taken? Participants #1, 3, 4, 5, 6—the form of the baseline statements on participant's PIPs will be corrected as required.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? All participant PIPs will be reviewed/revise as required.</p> <p>3. Who will be responsible for implementing each corrective action? Developmental Specialist</p> <p>4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? DS will submit completed PIPs to Program Director for review/correction at time of implementation.</p> <p>5. Dates for when the corrective action will be completed? October 27, 2008 for sample participants; January 9, 2009 for other participants.</p>

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<ul style="list-style-type: none"> Participant #1 has a program to play a game or puzzle and then respond to the other person when spoken to. The baseline does not address a skill level or abilities related to her hearing. Also, it appears from other programs that she can respond when she hears, therefore there is no skill to be learned. Because many of her programs were written without any assessed need, and are related to hearing impairment, it is difficult to identify the actual skills to be learned and the participant's real abilities. <p>REPEAT DEFICIENCY FROM COMPLIANCE REVIEW DATED 7/17/07.</p>	
<p>16.04.11.703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS.</p> <p>03. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-06).</p> <p>FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents <u>lacked evidence as follows:</u></p> <ul style="list-style-type: none"> Implementation plans in adult files (Participant # 3 and # 4) included examples of one program that contains multiple objectives that are not each measured separately. For example: Will <u>complete a task without</u> any <u>negative behaviors</u>. ---These programs also do not state task duration which may need to be considered. Participant#2 objective states cooperate with toileting care which is subjective and not measurable no promotes acquisition of skill. Participant #5 IP contains objectives such as "use, speak loudly, clearly, seek" terms which cannot be reliably measured. C06 measures 2 components in the objective yet data measures one. 	<ol style="list-style-type: none"> 1. What corrective action(s) will be taken? Cited PIPs will be reviewed and corrected per guidelines. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? All participant PIPs will be reviewed/revised as required. 3. Who will be responsible for implementing each corrective action? Developmental Specialist 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? DS will submit completed PIPs to Program Director for review/correction at time of implementation. 5. Dates for when the corrective action will be completed? October 27, 2008 for sample participants; January 9, 2009 for other participants.
<p>16.04.11.704. PROGRAM DOCUMENTATION REQUIREMENTS.</p> <p>01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06)</p> <p>b. Sufficient progress data to accurately assess the participant's progress toward each objective; and (7-1-06).</p> <p>FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents <u>lacked evidence as follows:</u></p>	<ol style="list-style-type: none"> 1. What corrective action(s) will be taken? Program instructions and data record will be reviewed for the cited programs; program instructions revised if needed or progress documentation made more informative. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? We will complete a program review for each participant as above. 3. Who will be responsible for implementing each corrective action? Developmental Specialist 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Monthly data check requirements will be



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<ul style="list-style-type: none"> Several programs showed data consistently below baseline with no documentation to support continued implementation without modification. Participant # 3— 1k (posture), 3e (adjust water), 4e (recognize sign for water), 6d (C11), 6d (C12). Participant #2 Status review shows 9 of 10 programs had data below baseline without addressing as well as fluctuating data. 	<p>reviewed with DS so timelier modifications/documentation will be made, and DS will submit 6-month and 12-month progress documentation to Program Director for review.</p> <p>5. Dates for when the corrective action will be completed? October 27, 2008 for sample participants; January 9, 2009 for other participants.</p>
<p>16.04.11. 704. PROGRAM DOCUMENTATION REQUIREMENTS.</p> <p>01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06)</p> <p>c. A review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials.</p> <p>FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents <u>lacked evidence as follows:</u></p> <ul style="list-style-type: none"> Participant #1 does very well in her programs overall. The more she succeeds, the changes made are to "raise the bar." She has goals increased to 90 or 95% independence. The more successful she is at counting money, the more money she needs to count. Her program is now at \$25.00 using all coins and bills and all coin values. It appears that programs are continued beyond a practical, relevant need. Participant #1 has a program to use 3-word sentences to communicate story information. Documentation reveals that participant is not interested in listening to the stories. In another program, there is documentation that she carries on conversations easily and is interested in the conversations. There is no documentation that any changes have been made to Program 04, which she fails in light of Program 03 where she clearly succeeds. It appears that the DS failed to notice the comparison between the outcomes of 2 programs that are both targeting speaking. 	<ol style="list-style-type: none"> 1. What corrective action(s) will be taken? Program instructions and data record will be reviewed for cited programs; program instructions revised or other appropriate action taken. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? Monthly data check requirements will be reviewed with DS so timelier modifications/documentation will be made. 3. Who will be responsible for implementing each corrective action? Developmental Specialist 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? DS will complete a 6-month and 12-month documentation monitoring program data and program modifications to submit to Program Director for review. 5. Dates for when the corrective action will be completed? October 27, 2008 for sample participants; January 9, 2009 for other participants.
<p>16.04.11.704. PROGRAM DOCUMENTATION REQUIREMENTS.</p> <p>01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06)</p> <p>d. When a participant receives developmental therapy, <u>documentation of six (6) month and annual reviews</u> by the Developmental Specialist that includes a written description of the participant's progress toward the achievement of therapeutic goals, and why he continues to need services. (7-1-06).</p>	<ol style="list-style-type: none"> 1. What corrective action(s) will be taken? DS will complete a 6-month and 12-month documentation monitoring program data, progress, and need for continued service for each participant. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? This will be done for all participants. 3. Who will be responsible for implementing each corrective action? Developmental Specialist

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<p>FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents <u>lacked evidence as follows:</u></p> <ul style="list-style-type: none"> There was no documentation on a 6 month, or an annual review, that included descriptions to account for justification of why the participant continues to need the program service. 	<p>4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? DS will submit 6-month and 12-month documentation to Program Director for review.</p> <p>5. Dates for when the corrective action will be completed? October 27, 2008 for sample participants; January 9, 2009 for other participants.</p>
<p>16.04.11.705. RECORD REQUIREMENTS. 01. General Records Requirements. Each participant record must contain the following information: (7-1-06)</p> <p>e. Current medical, social, and developmental information and assessments; and (7-1-06)</p> <p>FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents <u>lacked evidence as follows:</u></p> <ul style="list-style-type: none"> Participant # 5 file did not contain a current medical/social assessment. <p>REPEAT DEFICIENCY FROM COMPLIANCE REVIEW DATED 7/17/07.</p>	<p>1. What corrective action(s) will be taken? The cited record was requested and received from participant's TSC.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? Program Director will check all participant case files.</p> <p>3. Who will be responsible for implementing each corrective action? Program Director</p> <p>4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Record review is conducted at start of participants' treatment year and record deficiencies corrected.</p> <p>5. Dates for when the corrective action will be completed? October 27, 2008 for sample participants; January 9, 2009 for other participants.</p>
<p>16.04.11.705. RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06).</p> <p>FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents <u>lacked evidence as follows:</u></p>	<p>1. What corrective action(s) will be taken? Our current service/billing record lacks the time of day services are provided and the full signature and "credential" of the paraprofessional. To correct this, we will retain the daily record currently filled out by staff as part of the permanent record, instructing staff to sign and credential the units they train instead of just initialing them.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? Record-keeping change will be implemented for all participant records.</p> <p>3. Who will be responsible for implementing each corrective action? Training staff, DS.</p> <p>4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Executive Director will monitor the service/billing records each week.</p> <p>5. Dates for when the corrective action will be completed? Fully</p>

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<ul style="list-style-type: none"> In files 5 of 5, documentation does not include the time, duration or the signature and credentials of the individual providing the service. 	<p>implemented by October 29, 2008.</p>
<p>16.04.11.711. DEVELOPMENTAL THERAPY. 02. Age-Appropriate. Developmental therapy includes instruction in daily living skills the participant has not gained at the normal developmental stages in his life, or is not likely to develop without training or therapy. Developmental therapy must be age-appropriate. (7-1-06).</p> <p>FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents <u>lacked evidence as follows:</u></p> <ul style="list-style-type: none"> Participant #2's program to learn money skills utilizes flash cards designed for children rather than actual money. During facility review the team found several items that were not functional nor age appropriate for adults. The items included: legos ages 2-5, beads, bolts, marbles, plastic chips (used as tasks); old maid cards; mini bowling set, and children's board games and puzzles. 	<ol style="list-style-type: none"> What corrective action(s) will be taken? DS and Program Director will review program materials and replace non-age appropriate items with more suitable materials. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? DS and Program Director will review program materials and replace non-age appropriate items with more suitable materials. Who will be responsible for implementing each corrective action? DS and Program Director How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? DS and Program Director will review program materials for age-appropriateness when reviewing PIPs before implementation. Dates for when the corrective action will be completed? October 27, 2008 for sample participants; January 9, 2009 for other participants.
<p>16.04.11.900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. 01. Purpose of the Quality Assurance Program. c. The environment in which services are delivered is safe and conducive to learning; (7-1-06) d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-06)</p> <p>FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents <u>lacked evidence as follows:</u></p> <ul style="list-style-type: none"> Participants had programming delivered in the center that was not the natural setting where the person would naturally learn and utilize the skill (for example: toileting skills would naturally occur in the home; social appropriateness naturally occurs in the integrated community) 	<ol style="list-style-type: none"> What corrective action(s) will be taken? For cited programs, we will revise the training setting or delete the program as a training program, as applicable. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? All participant program implementation plans will be reviewed for acceptable training setting. Who will be responsible for implementing each corrective action? Developmental Specialist How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Developmental Specialist will submit completed program implementation plans to Program Director for review/correction before implementation. Dates for when the corrective action will be completed? October 27, 2008 for sample participants; January 9, 2009 for other participants.



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<ul style="list-style-type: none"> Participant #5 has a program to answer the telephone clearly targeted as a need in the home environment. Program is run at the center. Program 7B money skills implemented in the center without generalizing the skill into the community. 7C adding money is delivered at the center which is not the natural setting. 8b- adding whole hours to whole hours is designed to teach the participant to know when to be somewhere increasing independence in the community- yet implemented in the center. Participant #1 has programs run in the center that are beyond what is functional and relevant with no assessed need. Therefore, when she is functionally able to be integrated into the community to meet her needs, it appears the center is no longer necessary for her for many of her programs. 	
<p>16.04.11.915. POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of inappropriate behavior. These policies and procedures must include statements that: (7-1-06)</p> <p>04. Behavior Replacement. Ensure that programs to assist participants with managing inappropriate behavior include teaching of alternative adaptive skills to replace the inappropriate behavior. (7-1-06)</p> <p>FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents <u>lacked evidence as follows:</u></p> <ul style="list-style-type: none"> Files (Participant # 3 and # 4) contain objectives that do not include the teaching of alternative adaptive skills to replace the inappropriate behavior i.e. "complete tasks <i>without</i> negative behaviors" 	<ol style="list-style-type: none"> 1. What corrective action(s) will be taken? The cited programs will be rewritten according to guidelines. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? All participant program implementation plans will be reviewed for appropriate teaching of alternative behaviors. 3. Who will be responsible for implementing each corrective action? Developmental Specialist 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? DS will submit completed PIPs to Program Director for review/correction at time of implementation. 5. Dates for when the corrective action will be completed? October 27, 2008 for sample participants; January 9, 2009 for other participants.
<p>16.04.11.900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. 01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure:</p> <p>a. Services provided to participants produce measurable outcomes, are high quality, and are consistent with individual choices, interests, needs,</p>	<ol style="list-style-type: none"> 1. What corrective action(s) will be taken? I made a form to use for each participant which includes the elements in the Rules to be considered for participant's DT programs; DS and Program Director will complete the QA report for the individual participant at the start of participant's treatment year and at the 6-month review. 2. Who will be responsible for implementing each corrective action? Program Director



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<p>and current standards of practice;</p> <p>03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants:</p> <ul style="list-style-type: none"> b. Are age appropriate; (7-1-06) c. Promote integration; (7-1-06) d. Provide opportunities for community participation and inclusion; <p>FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents <u>lacked evidence as follows:</u></p> <ul style="list-style-type: none"> • The agency QA program Goal #1 includes the rules cited above. The agency procedure for this goal states a form that is used two times a year to assure the goal. The form does not include the elements listed in Goal #1; therefore it does not assure the goal. 	<p>3. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Management team will review the quality assurance report forms annually, note trends or problem areas, and assign corrective action.</p> <p>4. Dates for when the corrective action will be completed? October 27, 2008 for sample participants; January 9, 2009 for other participants.</p>
<p>900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM.</p> <p>01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure:</p> <ul style="list-style-type: none"> d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; <p>FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents <u>lacked evidence as follows:</u></p> <ul style="list-style-type: none"> • The procedure for this goal is for the PCP team to determine this. The Developmental Specialist should determine the setting based on the training program that they write. The DS and the agency QA must assure compliance with 16.04.11. rules governing DDAs. 	<p>1. What corrective action(s) will be taken? The Quality Assurance Program and related procedures will be revised according to cited deficiencies.</p> <p>2. Who will be responsible for implementing each corrective action? Program Director, Developmental Specialist</p> <p>3. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Management team will review the quality assurance report forms annually.</p> <p>4. Dates for when the corrective action will be completed? October 27, 2008 for sample participants; January 9, 2009 for other participants.</p>
<p>16.04.11.900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM.</p> <p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-06)</p> <ul style="list-style-type: none"> d. A method for assessing participant satisfaction(7-1-06) <p>FINDINGS: Based upon record review and interview with Administrator,</p>	<p>1. What corrective action(s) will be taken? The Quality Assurance Program/record-keeping forms will be revised according to cited deficiencies and will be used to assess participant satisfaction at least annually.</p> <p>2. Who will be responsible for implementing each corrective action? Program Director</p> <p>3. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Management team will review the quality</p>



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the agency is not in compliance. Agency documents lacked evidence as follows:

- The agency does not have a proactive method for assessing participant satisfaction. The agency has a DS fill out a form for participants that is essentially based on the lack of complaints. They assume that a participant is satisfied in each area if there are no articulated complaints by a participant. There is also the assumption that all participants are capable of articulating a lack of satisfaction or interest in a program. There is no apparent effort to engage participants who are nonverbal or have difficulties speaking out. There is no stated frequency for when these forms are to be filled out. They are not present in all sampled files.

assurance report forms annually.

4. Dates for when the corrective action will be completed? October 27, 2008 for sample participant; January 9, 2009 for other participants.

Survey report completed by:

Rebecca Fadness, Program Supervisor; Cyndi Jonsson, Clinician; Greg Miles, Medical Program Specialist

Date: 7/18/2008

Agency Administrator Signature: *Rebecca Fadness, Program Director*

Date: 8/15/08, rev. 9/11; 9/22; 9/24/08

Plan of correction accepted:

Date: 9/25/08